24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND			PAGE 1 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
House Majority PAC				C00495028
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report filed on Amends report 148-hour report				
Full Name of Payee AMS Communications, Inc.			M	
Mailing Address 500 Sansome St			Amount	20 2016
Ste 404				
City San Francisco	State CA	Zip Code 94111-3218		18691.00 tion ID : VN7GDA5W0X7 Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of t	
Name of Federal Candidate		Support	Office Sought:	✗ House District: 03
Paulsen, Erik, , ,		X Oppose	President	MNI
Calendar Year-To-Date Per Election for Office Sought		90262.36	Disbursement F 2016 Othe	or: Primary X General or (specify) ▶
Full Name of Payee Dixon Davis Media Group LLC			M	
Mailing Address 1028 33rd St NW			Amount	22 2016
Ste 300				
City Washington	State DC	Zip Code 20007-3571		15000.00 on ID : VN7GDA5ZE10
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of	Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought:	✗ House District:01
Blum, Rodney, , ,		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		709043.25	Disbursement F 2016 Othe	or (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Lapp, Alixandria, , , Signature	[Electron	ically Filed] Date		21 2016